## **Cardiovascular Disease Prevention Activities**

Cardiovascular Disease (CVD) has emerged as the most common cause of death for American Indians. CVD has also become a major source of disability, increasing numbers of hospitalizations as well as both inpatient and outpatient procedures. As a result, a need for effective and aggressive primordial, primary secondary and tertiary prevention activities has become widely recognized by Indian communities as well as the Indian Health Service. Within the past year, there have been significant efforts and many successes in this arena.

A major success has been the entry of the Indian Health Service into the Healthy People 2010 CVD Prevention Partnership with the American Heart Association, Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Centers for Medicare and Medicaid Services (CMS) and Department of Health and Human Services (DHHS), developing the ability to focus significant national expertise and resources on the prevention of CVD and its resources within American Indian communities. Currently, this partnership is involved with a number of the project described below.

The development of a National American Indian and Alaska Natives (AI/AN) CVD Prevention Committee, involving staff from Indian Health Service (IHS) and NIH as well as a CVD Prevention list serve. This committee's efforts have been to further coordinate and enhance current and future CVD prevention activities within Indian communities as well as provide oversight to some of the activities describe further.

The funding and development of a National Roundtable on CVD Prevention to be held in Washington, DC on September 25 and 26, bringing in Tribal leaders as well as outside experts (including the American Heart Association, the American Diabetes Association, the American College of Cardiology, NIH, CDC, DHHS and academicians) to develop a 5 year strategic plan for the prevention of CVD within Indian communities.

The collaborative IHS/NIH development and funding of a national "Train the Trainers" CVD Prevention conference in Phoenix in December, 2003 (mentioned in Mary's report) which will provide the faculty and the kick off for a planned series of 6 regional train-the-trainer conferences in different regions of the US in 2003-2004 and subsequent dissemination with plans to develop prevention efforts and trainings in more than 100 Tribes and urban Indian communities. The training manual for this course, "Strengthening the Heartbeat of Native Americans" was developed by NIH in conjunction with IHS and has been implemented successfully in the initial training in August, 2002 of three of the Tribal communities funded by NIH for CVD prevention.

The Indian Health Service has completed a national Indian Health provider CVD prevention and treatment education program, incorporating regional seminars

throughout the country along with the provision of educational guidelines and materials broadly through multiple mechanisms, including journal articles and the IHS Provider articles. A number of trainings for Public Health Nurses and Community Health Representatives on this topic have been held as well.

The Indian Health Service is participating with NIH in the "Stop Atherosclerosis in Native Diabetics" (SANDS) project, a five year multi-center scientific evaluation of the benefit of more aggressive secondary prevention of CVD among those at the highest risk, those individuals with diabetes.

Another effort within the IHS is the proposed development of a National CVD Prevention Public Health Officer position to focus full time on the development of an integrated resource system for CVD prevention for Indian Communities in addition to further evaluation of the most effective strategies.

IHS has provided continued efforts in the American Diabetes Association-American College of Cardiology collaboration "Make The Link" between diabetes and heart disease with co-authorship of initial "Diabetes Monitor" publication in March 31, 2003 Newsweek and the subsequent acceptance of the American Diabetes Association's 2003 C. Everett Koop Medal for Health promotion and Awareness on behalf of the American College of Cardiology for our work in this regard.

A CVD Prevention Newsletter/statement emphasizing the importance of prevention was released by Dr. Grim in February (American Heart Month).

The Indian Health Services continues to work with the CDC in the preventative projects, "Wise Woman Programs" and "Building Core Capacities" within Indian communities.

There is continued development of a National CVD and DM Prevention Conference to be held in the first quarter of 2005, in conjunction with Harvard/Joslin Clinic and multiple other partners and the development of significant funding towards this effort.

As recommended by Congress, the Indian Health Service will be focusing 27 million dollars of the additional congressional appropriation for diabetes prevention activities for Indian communities (Special Diabetes Program for Indians) towards a competitive grant program for the complications of diabetes, with one of two components specifically focused on CVD prevention.

Finally, a number of our efforts, particularly with guidance from Dr. Cullen, have been focused on the development of clinical reminders of appropriate CVD prevention interventions during clinic visits, including lipid and blood pressure control as well as educational reminders for patients, integrating with Patient Care Component Plus (PCC+).

In addition, the Indian Health Service, currently working with the American Heart Association, has developed and implemented an alpha test site for an appropriate model of the national "Get With The Guidelines" program to assure appropriate secondary prevention efforts are made by providers at the time of hospital discharge. The infrastructure for evaluation of our effectiveness in these regards is also in development with expectations of implementation within the next 12 months.